



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
PRESENT AT MEETING:	<p>Board Members: Roger Kahn, President; John Mohun, Vice President; Karen Sessler, M.D., Secretary; Larry Long, Treasurer</p> <p>Staff: Bob Schapper, Chief Executive Officer; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Judy Newland, RN, IVCH Administrator/Chief Nursing Officer; Jayne O'Flanagan, Director, Human Resources; Janet Van Gelder, Director, Quality and Regulations; Carl Blumberg, Manager; Risk and Patient Safety; Michelle Cook, Executive Assistant;</p> <p>Others: Steve Gross, Legal Counsel</p>	
1. Call to Order	Mr. Kahn called the meeting to order at 4:34 p.m.	
2. Roll Call	Roll call reflected that Four Board Members were present.	
3. Clear the Agenda/Items Not On the Posted Agenda	The agenda was cleared. There were no changes to the agenda as posted.	
4. Input -- Audience Employee Associations	Audience input was asked, but none was offered.	
5. Closed Session:	The meeting proceeded into closed session at 4:35 p.m.	
A. Approval of closed session minutes of 10/21/13	A copy of the attachment is in the closed session packet.	<u>It was moved by Mr. Mohun and seconded by Dr. Sessler to approve the closed session minutes of 10/21/13 as presented. Motion carried unanimously.</u>
B. Health & Safety Code Section 32155: Quality Report	Ms. Van Gelder and Mr. Blumberg joined the meeting for this agenda item. Discussion was held.	
C. California Government Code Section 54957.6: Conference	Ms. O'Flanagan joined the meeting for this agenda item. Discussion was held.	



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<p>with Labor Negotiator(s), Agency Negotiator(s) – Jayne O’Flanagan; Employee Organization(s): TFHD Employees Association of Professionals and TFHD Employees Association</p>		
<p>D. Government Code Section 54957: Chief Executive Officer Monthly Performance Evaluation</p>	<p>Discussion was held.</p>	
<p>E. Health & Safety Code Section 32155: Medical Staff Credentials</p>	<p>Dr. Barta joined the meeting for this agenda item. Discussion was held.</p>	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve the Medical Staff Credentials items 1 - 9 as listed on the Medical Staff Executive Committee agenda and listed in the closed session minutes, as presented and recommended for approval by the Medical Staff Executive Committee. Motion carried unanimously.</u></p>
<p>6. Dinner Break</p>	<p>A dinner break was taken at 5:27 p.m.</p>	
<p>7. Open Session Call To Order</p>	<p>Mr. Kahn called the open session to order at 6:10 p.m.</p>	
<p>PRESENT FOR OPEN SESSION:</p>	<p>Board Members: Roger Kahn, President; John Mohun, Vice President; Karen Sessler, M.D., Secretary; Larry Long, Treasurer; Dale Chamblin, Board Member Staff: Bob Schapper, Chief Executive Officer; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial</p>	



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	<p>Officer; Judy Newland, RN, IVCH Administrator/Chief Nursing Officer; Terri Schnieder, Director, Medical Staff Services; Rick McConn, Director, Facilities; Janet Van Gelder; Paige Thomason, Director, Marketing and Communication; Mike Geney, Consultant; Marilyn Everett, Auditor, Matson and Isom</p> <p>Others Present: Steve Gross, Legal Counsel; Gina Barta, M.D., Chief of Staff; Shawni Coll, D.O.</p>	
<p>8. Clear The Agenda/Items Not on the Posted Agenda</p>	<p>The agenda was cleared. Mr. Kahn asked if there were any changes to the posted agenda. Agenda items 16B-16C were pulled from the agenda.</p>	
<p>9. Input Audience</p>	<p>Audience input was asked, but none was offered.</p>	
<p>10. Input From Employee Associations</p>	<p>There was no input from the Employee Associations.</p>	
<p>11. Medical Staff Report</p>	<p>Dr. Barta gave the Medical Staff Report, highlights as follows:</p> <ul style="list-style-type: none"> • The Medical Executive Committee will be held at Stella Restaurant on December 18, 2013. There are two positions up for re-election: Member at Large and Secretary/Treasurer. They are finishing up sending out the ballots; • Ms. Razo went over the changes in the pharmacy leadership. She had announced that Hilary Ward, Pharm D, had accepted the Director of Pharmacy role; • Ms. Newland had given an update on construction. We will not be moving into the Emergency Department until after the holidays; • Mr. Kahn had apologized to the Medical Executive Committee that no one from the Board had attended the last meeting; • Dr. Coll discussed the draft Strategic Plan. The physicians on the Strategic Planning Committee will review and provide 	<p><u>It was moved by Mr. Mohun and seconded by Dr. Sessler to approve agenda items 11(A) 1-3. Motion was passed unanimously.</u></p>



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	their input.	
A. Medical Staff Consent Agenda		
1. The Department of Anesthesia at its meeting on 11/1/13 recommended approval of the Orientation Checklist for new Anesthesiologists.		
2. The Department of Anesthesia emailed revisions to the Post/Epi/Intra Order set. The Department approved as of 11/11/13.		
3. The Department of Surgery at its meeting on 11/11/13 recommended approval of the revisions based on the CMS “2 midnight Rule” (Please reference Page 4-5 of the Medical Staff Report for the revisions and the effected Pre-Printed Orders).		



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<p>12. Consent Calendar:</p> <ul style="list-style-type: none"> A. Minutes of Meetings of: 10/07/13, 10/14/13, 10/21/13, B. Financial Report – August 2013 C. Financial Report – September Quarterly Package 2013 D. Annual Approval of Administration (AGOV) Policies: <ul style="list-style-type: none"> 1. Advance Healthcare Directives 2. Americans with Disabilities Act 3. Antitrust Trade Laws 4. Available Critical Access Hospital Services 5. Business Associate Agreements 6. Civil Rights Grievance Procedure 7. Consent Informed 8. Contract Review Policy 9. Corporate Compliance Violation Reporting 10. Corporate Compliance Program – TFHD 11. Corporate Compliance Violations Suspected 12. Disclosure of Unanticipated Adverse Outcome 13. Disruption of Service 	<p>Mr. Kahn asked if anyone wanted to pull anything from the consent agenda. No agenda items were pulled.</p>	<p><u>It was moved by Mr. Mohun and seconded by Mr. Long to approve agenda items 12(A)-(E). Motion carried unanimously.</u></p>



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<ul style="list-style-type: none"> 14. Durable Power of Attorney 15. Emergency Condition Assessment EMTALA COBRA 16. Emergency Medical Services (EMS) 17. False Claims Act 18. HIPAA Breach Investigation, Response, and Corrective Action 19. Nondiscrimination 20. Organizational Chart 21. Patient Photography 22. Patient and Customer Service Recovery Policy 23. Patient Family Complaints Grievance 24. Patient Rights Responsibilities 25. Plan for the Provision of Care to Patients 26. Posting of Information in Public Areas of the Hospital 27. Policy and Procedures Structure Approval Policy 28. Procedure for Communication Information to Person with Sensory Impairments 29. Public Release of Patient 		



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<p>Information</p> <ul style="list-style-type: none"> 30. Record Retention and Destruction 31. Red Flags Identity Theft Program 32. Refusal of Recommended Medical Treatment Blood Products –Petitioning the Court 33. Reporting Adverse Medical Device Incidents 34. Request from Law Enforcement Agencies 35. Sentinel – Adverse Event 36. Smoke Free Environment Policy 37. Social Media Policy 38. Solicitation Policy 39. Sponsorship Policy 40. Standards for Business Conduct 41. Subpoenas <p>E. Contracts Recommended for Approval at the Governance Committee:</p> <ul style="list-style-type: none"> 1. Emergency Medical Services Base Station Medical Director - John Swanson, M.D. 2. Medical Director for 		



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Orthopedics –Jeffrey Dodd, M.D. 3. Fifth Amendment, Professional Services Agreement, Lisanne Burkholder, M.D.		



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<p>13. Chief Executive Officer’s Report</p> <ul style="list-style-type: none"> A. Chief Operating Officers Report B. Chief Nursing Officer’s Report C. Incline Village Community Hospital Administrator’s Report 	<p>Mr. Schapper highlighted the following in his written Chief Executive Officer’s Report:</p> <ul style="list-style-type: none"> • He reviewed the Strategic Initiative List, Fiscal Year 2013/2014 3 Year Plan, DRAFT 6; • He mentioned that Dr. Coll is meeting with physicians from Estes Park and they are refining the draft; • The finalized plan will tie back to the budget presentation in January. The goal is to simplify 30-40 activities happening simultaneously to larger scale key objectives; • Dr. Sessler mentioned that the Quality Committee would like to discuss the quality items addressed in the Strategic Plan; • Mr. Schapper highlighted the quality items in the plan located under Core Strategies “Quality and Service Leader” and under the Key Strategic Goal “1 - Focus on patients, service and quality”. He recommended the Quality Committee work on additional initiatives they would like to advance; • Dr. Coll mentioned that Dr. Taylor will bring up at the Quality Committee Meeting additional smaller initiatives the medical staff would like to advance; <p>Ms. Razo gave the Chief Operating Officer Report, highlights as follows:</p> <ul style="list-style-type: none"> • Neil Nadeau is the new Director of Environmental Services. Ms. Holmes will be completing orientation with Mr. Nadeau in the next four weeks. She will transition to assisting with the construction projects and will then go to part time until she retires; • Operationally, this past month the management team has been receiving and giving employee work evaluations; 	



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	<ul style="list-style-type: none"> • She has been actively involved with management on negotiations; • She will be bringing at a high level, elements of a cost reduction plan at the budget meeting; • She continues to meet with the Tahoe Truckee Medical Group (TTMG) physicians for continued collaboration and to work on projects; <ul style="list-style-type: none"> ○ Mr. Schapper noted that he will be reaching out to TTMG to schedule another meeting with himself and Mr. Kahn; • Management has been working on CPSI's version 19 and also preparing education on how to meet the ICD-10 requirements; • Management is going through the annual policy review process. The approval of these policies will be brought to the Board in the coming months in preparation for the Healthcare Facilities Accreditation Program survey; <p>Ms. Newland gave the Chief Nursing Officer's Report, highlights as follows:</p> <ul style="list-style-type: none"> • Nursing has been very involved with preparing for the holiday season. A plan is in place to support the construction transitions through this time frame; <p>Ms. Newland gave the Incline Village Community Hospital Administrator's Report, highlights as follows:</p> <ul style="list-style-type: none"> • Currently, the IVCH volumes have been low. This fall she has been active in outreaching to the communities and physicians in order to find other opportunities to increase patients walking through the door. She has been working 	
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	<p>with Sierra Nevada College and has spoken with realtors;</p> <ul style="list-style-type: none"> • IVCH has a new Nurse Practitioner, Samantha Smith; <p>Mr. Schapper said the holiday party will be held at the Grand Sierra in Reno on December 6, 2013. The party is held in appreciation of the employees. The price of attendance and activities has been set by a committee. The Board is invited to attend the event.</p>	
<p>14. Presentations/Staff Reports</p>		
<p>A. Facilities Development Plan Quarterly Update</p>	<p>Mr. McConn and Mr. Geney presented the Facilities Development Plan Quarterly Update, highlights as follows:</p> <p>Mr. McConn stated:</p> <ul style="list-style-type: none"> • There was a slight decrease in the scope modifications. The security systems have changed and modifications were made in that area. Every other area is consistent with the previous quarter; • Last Tuesday, he and Mr. Geney went before the Planning Commission and the District was approved for the South Building Project. This is the last use permit for the Measure C Projects; • The Office of Statewide Health Planning and Development (OSHDP) is on track to approve the permit around late February in 2014; <p>Mr. Geney stated:</p> <ul style="list-style-type: none"> • The board approved budget to date is \$86,841,612 and constitutes 14 out of the 15 projects; • The board approved contingency to date is \$5,005,830 	



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	<p>(5.8% of the board approved budget to date);</p> <ul style="list-style-type: none"> • The contingency spent to date is \$4,415,772 (\$590,000 contingency remaining to complete work under construction); • The owner/regulation scope modifications that qualify for Measure C funding include approximately \$1.5 million in placeholders: <ul style="list-style-type: none"> ○ The added square footage for the Skilled Nursing Facility and Medical Records in the '66 Building is approximately 1,200 square footage; ○ Additional tenant improvements for the final staff moves is approximately 1,900 square footage; ○ The Fourth Labor Delivering Room at South Building Birthing Center; • The current projects under construction are on budget; • There are 191 prime contracts for construction issued to date and at present they are working with two contractors regarding change order requests that are in dispute; • There is one OSHPD permit pending for the South Building. • All indications from FreemanWhite is that the South Building permit will be ready in late February; • Dr. Sessler asked Mr. Geney for more information about the delay in Phase 1 of the ED/SPD Project; • Mr. Geney replied: <ul style="list-style-type: none"> ○ The delay was caused by a combination of OSHPD field issues and contractor performance. The OSHPD Fire Marshall changed twice. They will be working with OSHPD on the challenges in December; ○ This will cause a slow down in construction and will delay the next project with the ED new addition and the 	
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	<p>need to turnover for a series of renovation projects and bed counts;</p> <ul style="list-style-type: none"> ○ Ms. Newland added that as of today the hospital has 15 inpatient and 6 observation beds. Phase 1 of interim family is completed and they are waiting on licensing to move to Phase 2. When licensing arrives on the inpatient unit, they will continue with the 15 beds and will move to 2 observation beds. They were hoping this would occur in alignment with opening of the Emergency Department in order to utilize some of their space but this will not occur. The physicians are aware that at some point that there will be changes in where the observation patients are housed. When the Women and Family Center moves to the interim location, there will no longer be extra inpatient beds; ● By request from the Board, Mr. McConn and Mr. Geney will no longer include completed project information in the binders to the Board. 	
<p>15. Board Committee Reports/ Recommendations</p>		
<p>A. Governance Committee Meeting – 11/19/13</p>	<p>Mr. Mohun stated:</p> <ul style="list-style-type: none"> ● The Governance Committee met November 19, 2013; ● Reece Hirsch, Legal Counsel, reviewed and explained the physician contract process; ● Board education was given on the Association of California Hospital Districts (ACHD) and the upcoming conference for Board members; ● Ms. Thomason presented the Medial Training Proposal; ● The contracts recommended for approval are on tonight's Consent Agenda. 	



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<p>B. Personnel/Retirement Committee Meeting – 11/20/13</p>	<p>Mr. Kahn stated:</p> <ul style="list-style-type: none"> • The Personnel/Retirement Committee met last week; • Discussion was held on the Memorandum of Understandings in closed session; • The investments were reviewed and they continue to be strong because of the stock markets soaring; • The committee would like John Chambers to change one fund because the fund has been underperforming this year; • The automatic forfeiture service with Fidelity was discussed. This service is for employees not vested in the retirement plan. Fidelity will automatically remove the funds from the hospital's retirement plan when an employee leaves the organization to Fidelity. The employees we forfeit will amount to approximately \$500,000 in forfeited money. The committee will make a recommendation to the Board on how to disperse the amount. For example, one option would be for a normal match for next year's contributions. 	
<p>C. Finance Committee Meeting 11/21/13</p>	<p>Mr. Long stated:</p> <ul style="list-style-type: none"> • The Finance Committee met last Thursday; • The committee reviewed the August and September Financials: <ul style="list-style-type: none"> ○ Both financial reports showed good performance. The comparison was made to the last fiscal year's budget to this year's actual; ○ The year-to-date EBIDA is strong; ○ The bad debt expenses and contractual allowances are off from budget because of the revenue cycle issues; • The committee reviewed the financial status of separate business entities. In almost every case, we exceeded the previous year's budget. The Cancer Center continues to 	



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	<p>have very strong performance;</p> <ul style="list-style-type: none"> • The operating budget for this fiscal year will be presented for approval in January at a Special Board of Director's meeting; • Ms. Betts stated: <ul style="list-style-type: none"> ○ The improvement on the financials was due to a payer mix changes resulting from an uptick in commercial and we went down in Medicare; ○ Finance Committee will not meet in December because the November financials will not be completed in time to meet the earlier Board of Director's meeting scheduled this month; ○ She signed the contract yesterday with Gaffey Healthcare. They have a central business office to provide six billers who will help drop bills and get our Accounts Receivables down. She will be monitoring the next 60-90 days results from their billers and they will need to significantly bring the Accounts Receivables down in order to be beneficial to the organization; Gaffey Healthcare utilizes Alpha Collector to provide transparency in monitoring their claims. This tool will be utilized internally beginning in 45 days. A kick off meeting will take place next week. This will provide a benchmarking tool to monitor production on claims with our business office; ○ She has been working with Gayle Yeakle, Chief Information Officer, to help indentify the company for process improvement on the revenue cycle and to do an analysis. She received a proposal today. She will have more details in December; 	



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	<ul style="list-style-type: none"> Mr. Kahn asked Ms. Betts the timeframe for when the Accounts Receivables will be caught up; Ms. Betts responded that she would like to be caught up by the end of fiscal year but is hoping to be done sooner. She intends to use Gaffey Healthcare for 12 to 18 months, but she will need immediate measurable changes within the next 60-90 days in order to continue with them. 	
<p>16. Items for Board Discussion And/ Or Action</p>		
<p>A. Approval of FYE 2012/2013 Annual Audit Report</p>	<p>Ms. Betts introduced Marilyn Everett, Auditor from Matson and Isom, who discussed in detail the Annual Audit Report at the Special Board Meeting this afternoon;</p> <p>Ms. Everett stated:</p> <ul style="list-style-type: none"> Matson and Isom were engaged by the Board to audit the District's financial statements. They approached the audit with a lot of expertise in the healthcare. The report is as of November 22, 2013; There were no instances of non-compliance with internal controls. The financials statements need to be in compliance with the Government of Financial Services Board; There were no significant findings. She worked with the management of the hospital, without any issues, to complete the report. She extended her appreciation for the hospital's management assistance during the audit; Mr. Kahn said the Board reviewed the report extensively and there are financial statements available for review. 	<p><u>It was moved by Mr. Long and seconded by Dr. Sessler to approve the FYE 2012/2013 Tahoe Forest Hospital District Annual Audit Report. Motion was carried unanimously.</u></p>
<p>B. Approval of the Memorandum of Understanding Between Tahoe Forest Hospital District</p>	<p>Agenda item 16B was pulled from the agenda.</p>	



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<p>Employee's Association Professionals and Tahoe Forest Hospital District (July 1, 2013 to June 30, 2016)</p>		
<p>C. Approval of the Memorandum of Understanding Between Tahoe Forest Hospital District Employee's Association and Tahoe Forest Hospital District (July 1, 2013 to June 30, 2016)</p>	<p>Agenda item 16C was pulled from the agenda.</p>	
<p>D. Board Education: Association of California Hospital Districts (ACHD)</p>	<p>Mr. Schapper stated:</p> <ul style="list-style-type: none"> • The Association of California Hospital Districts (ACHD) is the trade association the District participates in that relates to the California Hospital Association. Their focus is to advance district hospitals governance. At the end of January, they have a conference that he recommends the Board attend that will update the Board on district governance and legislation. Ms. Cook will provide the Board with more details on the conference; • Dr. Sessler added that at the Governance Committee Mr. Owens mentioned that there will be an ethics training session at the conference. The Board is required to complete this training every two years. 	
<p>E. Board Education: Media Training Proposal</p>	<p>Ms. Thomason discussed the Media Training Proposal;</p> <ul style="list-style-type: none"> • The proposal was reviewed and discussed at Governance Committee last week. She gave background on KPS3; • She noted the media training will help spokespeople in the organization interact better with the media. These skills will create a broader and more visionary perspective on a topic 	



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	<p>in order to give our messages more credibility and consistency;</p> <ul style="list-style-type: none"> • Mr. Schapper said the training would comprise of the Board members and key management; • Discussion was held; • Ms. Schnieder recommended medical staff leaders be included, if it would be beneficial; • Mr. Schapper said they are currently identifying those staff that would benefit from this training; • The Board members were in agreement that the training would be beneficial and recommended management move forward with the proposal; • Mr. Schapper noted the date will be set after the ACHD conference in January. 	
F. Annual Board Self-Assessment Format	Dr. Sessler said in the past the Governance Institute format has been used for the annual board self assessment. The board was in agreement to continue to utilize this format. They will meet in January to discuss the self assessment.	
17. Agenda Input For Upcoming Committee Meetings	None.	
18. Items for Next Meeting	None.	
19. Board Members Reports/Closing Remarks	Dr. Sessler requested the closed session convene after open session for the December board meeting, because she will be traveling from out of town. The Board members agreed to move the closed session.	
20. Closed Session Continued, If Necessary	7:37 p.m.	
21. Open Session	7:38 p.m.	
22. Report of any Reportable Actions	There were no reportable actions taken in closed session.	



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Taken in closed session		
23. Adjourn	The meeting adjourned at 7:38 p.m.	

mcc